



South Central District Health

Keeping your family and community healthy

1020 Washington Street N • Twin Falls, ID 83301

(208) 734-5900 Ext. 239

ANTHRAX INFORMATION SHEET

What is anthrax?

Anthrax is a bacterium that can cause disease in humans and animals. Human anthrax has three major clinical forms: cutaneous, inhalational, and gastrointestinal. If left untreated, anthrax in all forms can lead to septicemia and death.

Cutaneous anthrax is the most common, naturally occurring type of infection and usually occurs after skin contact with contaminated meat, wool, hides, or leather from infected animals. The incubation period ranges from 1-12 days. The skin infection begins as a small raised bump. This bump progresses to a fluid-filled sore in 1-2 days and is followed by a black ulcer. The lesion is usually painless, but patients also may have fever, tiredness, headache, and enlarged lymph nodes. Deaths are rare if patients are given appropriate antimicrobial therapy.

Inhalational anthrax is the most lethal form of anthrax and results from inhaling a large number of spores of the bacteria. The incubation period of inhalational anthrax among humans is reported to range from 1 to 7 days, possibly ranging up to 60 days. Initial symptoms may resemble those of a common cold, such as sore throat, mild fever, muscle aches, and tiredness. After several days, the symptoms may progress to severe breathing problems and shock, with meningitis frequently developing. Inhalation anthrax is often fatal.

Gastrointestinal anthrax usually follows the consumption of raw or undercooked contaminated meat and has an incubation period of 1-7 days. Early signs of nausea, loss of appetite, vomiting, and fever are followed by abdominal pain, vomiting of blood, and severe diarrhea. Intestinal anthrax results in death in 25% to 60% of cases.

How is anthrax diagnosed?

Anthrax is diagnosed by isolating the bacteria from the blood, skin lesions, or respiratory secretions or by measuring specific antibodies in the blood of persons with suspected cases.

If a patient is suspected of being exposed to anthrax, should he or she be quarantined or should other family members be tested?

There is no need to quarantine people suspected of being exposed to anthrax or to treat contacts (e.g., household contacts, friends, or coworkers) of people ill with anthrax, unless the contacts were also exposed to the same source of infection.

What about vaccination for anthrax?

Vaccination is not recommended, and the vaccine is not available to health care providers or the general public.